

Health Department, City of Baltimore.

Permit No. 98652 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Rutledge

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 50

Years,

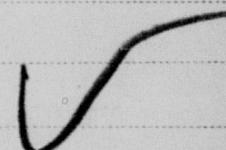
Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }



Occupation,

Baltimore Co Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Co Md

Duration of Residence in the City of Baltimore,

40 Years

Place of Death, { Give Street and Number. }

374 old # W Street

Cancer Right mammary gland

Cause of Death, { First (Primary),

Second (Immediate),

Cancer

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 18th 1887

{ Undertaker, Henry & Mitchell

M. D. Geo W Morris

Medical Attendant.

{ Place of Business, 530 W Fayette St Address, 1501 Pressman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. **98653** Office of Registrar of Vital Statistics. Ward **1**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Mar. 15 / 88

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Harley C. Pratt

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

23

Days.

Color,

W

V

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

P.B.C.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

*2027 Fountain
Imperial Development - Prince Building
As Heaven*

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *Mar. 17 / 88*

{ Undertaker, *Dr. H. C. Pratt*

Medical Attendant.

{ Place of Business, *2027 Fountain* Address, *474 E. 3rd*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. *98657*

Office of Registrar of Vital Statistics

Ward *12*

The Physician who attended any person in a last illness, is responsible for the presentation of his Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death, *March 16, 1887*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *St. James E. Parker*Sex, Male or Female, { Cross out the word not required in this line. } *Male*Age, *Years,* *One* Month, *Days.*Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *543 W. Hoffman St.*Duration of Residence in the City of Baltimore, *Lifetime*Place of Death, { Give Street and Number. } *543 W. Hoffman St.*Cause of Death, { First (Primary), *Pertussis* }{ Second (Immediate), *Collapse of the lungs* }Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *Gardiner*Date of Burial, *March 17, 1887*{ Undertaker, *Alex. H. Bentley* }*W. H. Thompson, M. D.*

Medical Attendant.

{ Place of Business, *5 W. Merchant St.* Address, *563 W. Hoffman St.* }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98653 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 1872 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hughes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 82 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 66 years

Place of Death, { Give Street and Number. } 208 S Broadway

Cause of Death, { First (Primary), Old age
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Glen Mount Cemetery

Date of Burial, March 18th 1887

{ Undertaker, Derry Mitchell }

{ Place of Business, 208 S Broadway }

S. B. Britton

M. D.

Medical Attendant.

Address, 124 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

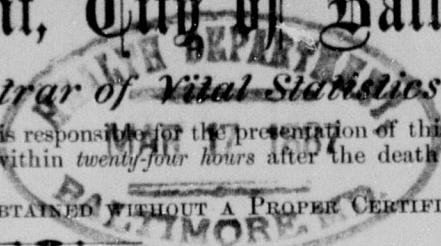
Permit No. 98656

Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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C

CERTIFICATE OF DEATH.

Date of Death,

March 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Alverda Woolford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 21 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cheesnut Alley # 638

Cause of Death, { First (Primary), Second (Immediate), }

Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17th 1887

L. L. Spanow

M. D.

{ Undertaker, Wm J Gray }

Medical Attendant.

{ Place of Business, B. Muller }

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. **98657**

Office of Registrar of Vital Statistics.

Ward **7**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1887

11
B

CERTIFICATE OF DEATH.

Date of Death, **15th March 1887.**Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Peter Jackson.**

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **Seventy four (74) Years,** Months, DaysColor, **Colored.**Married, **Single**, Widow or Widower, { Cross out the words not required in this line. }Occupation, **Cochinian and Hostler.**Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Maryland U. S.**Duration of Residence in the City of Baltimore, **More than 15 years.**Place of Death, { Give Street and Number. } **Mr. Granville Aly. & Franklin St.**Cause of Death, { First (Primary), **He had both Cardiac and Pulmonary diseases.** Second (Immediate), **Dyspnoea.** diagnosed from his wife's statement.Duration of Last Sickness, **He has been sick to my knowledge more than 6 months.**

All the above information should be furnished by the Physician.

Place of Burial, **Laurel Cemetery** ago. and **Dr. C. Van Bittern** is presentDate of Burial, **March 17^a 1887** from the city today. and I can give a definite diagnosis of the case.{ Undertaker, **Wm J Gray** by **Dr. Claude Van Bittern** M. D.{ Place of Business, **66 Mulberry St** Address, **126 W. Franklin St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98658

Office of Registrar of Vital Statistics.

Ward 14

MAR 17 1907

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. C

Date of Death,

Mar 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Ed Deacon

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 10

Years,

Months,

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

U

Occupation,

B. C.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1805 Locust

Lynbrook Dwelling

Asthma

Cause of Death, { First (Primary),

Second (Immediate),

Undertaker, John P. Tihue

Place of Business, 265 Deer Park

Address, W. P. Bailey

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 March 1887

Undertaker, John P. Tihue

Place of Business, 265 Deer Park

J. L. M. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

In the Name, City of Baltimore,

Permit No. 98659 Office of Registrar of Vital Statistics. Ward 20⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

Mar. 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Pauline Bely

Sex, Male or Female, { Cross out the word not required in this line.

Age, 4 Years, 9 Months, Days,

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation

None

Birthplace, { State or country, and how long in the United States. if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number.

1507 Penna. Ave.

Cause of Death, { First (Primary),

Congestion of lungs

Second (Immediate).

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holt Redeemer

Date of Burial, March 17 1887

J. A. Christian M. D.

{ Undertaker

A. Kornblitz

Medical Attendant.

{ Place of Business,

61 Park Ave

Address, 1821 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

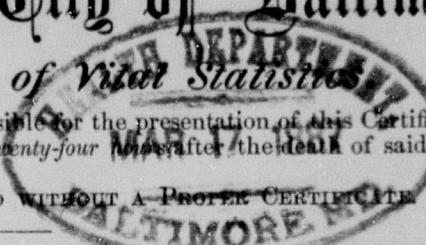
Permit No. 98660

Office of Registrar of Vital Statistics

Ward 19⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary O. Howard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days

Color, Bla^dde

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 535 Vincent Avenue

Cause of Death, { First (Primary), Hydrocephalus
Second (Immediate), Diphtheria }

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Shurpe & Cemetery

Date of Burial, March 17 1887

{ Undertaker, William Dungey }

{ Place of Business, 150 East St. }

Wright M. D.

Medical Attendant.

Address, 220 W. Gilmore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Baltimore Department, City of Baltimore.

Permit No. 9866 Office of Registrar of Vital Statistics Ward 13⁺

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H. Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, Months, Days

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 440 Hanover St

Cause of Death, { First (Primary), Catarrhal pneumonia Second (Immediate), Heart exhaustion }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shore's Cemetery

Date of Burial, March 17 1887

Undertaker, William George

Place of Business, 150 East St

J. M. Henderley M.D.
Medical Attendant.

Address, 100 E. Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]